

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>C8/00/00</i>
O.I.P.E. CLASSIFIER			<i>10/8-10-00</i>
FORMALITY REVIEW			<i>7/6/22 9-12-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	<i>5/22/00</i>
2	<i>5/27/00</i>
3	✓
4	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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